Claims

1- 22 (cancelled).

23. (currently amended) A method of treating hyperglycemia comprising co-administering:

a) an effective dosage of a ~~GLP-1 peptide agonist~~ GLP-1 molecule; and

b) an effective dosage of pioglitazone or rosiglitazone to a patient in need thereof.

24. (currently amended) The method of Claim 23 wherein the ~~GLP-1 peptide agonist~~ GLP-1 molecule and the pioglitazone or rosiglitazone are administered simultaneously.

25. (currently amended) The method of Claim 23 wherein the ~~GLP-1 peptide agonist~~ GLP-1 molecule and the pioglitzone or rosiglitazone are administered sequentially.

26. (previously presented) The method of Claim 23 wherein an effective dosage of pioglitazone is administered.

27. (previously presented) The method of Claim 23 wherein an effective dosage of rosiglitzone is administered.

28. (cancelled)

29. (currently amended) The method of Claim ~~28~~ 23 wherein the GLP-1 molecule is an analog of SEQ ID NO:1.

30. (currently amended) The method of Claim ~~28~~ 23 wherein the GLP-1 molecule is a GLP-1 derivative.

31. (previously presented) The method of Claim 29 wherein the GLP-1 molecule comprises Valine, Glycine, Threonine, or Methionine at position 8.

32. (currently amended) The method of Claim ~~28~~ 23 wherein the effective dosage of the GLP-1 molecule is in the range of about 5 to about 200 μg per day.

33. (previously presented) The method of Claim 32 wherein the dosage is in the range of about 20 to about 100 μg per day.

34. (previously presented) The method of Claim 33 wherein the dosage is about 30 to about 50 μg per day.

35. (currently amended) A method of inducing insulin secretion while minimizing the risk of heart hypertrophy or tissue damage comprising co-administering:

a) an effective dosage of a ~~GLP-1 peptide agonist~~ GLP-1 molecule; and

b) an effective dosage of pioglitazone or rosiglitazone to a patient in need thereof.

36. (currently amended) The method of Claim 35 wherein the ~~GLP-1 peptide agonist~~ GLP-1 molecule and the pioglitazone or rosiglitazone are administered simultaneously.

37. (currently amended) The method of Claim 35 wherein the ~~GLP-1 peptide agonist~~ GLP-1 molecule and the pioglitzone or rosiglitazone are administered sequentially.

38. (previously presented) The method of Claim 35 wherein an effective dosage of pioglitazone is administered.

39. (previously presented) The method of Claim 35 wherein an effective dosage of rosiglitzone is administered.

40. (cancelled)

41. (currently amended) The method of Claim ~~40~~ 35 wherein the GLP-1 molecule is an analog of SEQ ID NO: 1.

42. (currently amended) The method of Claim ~~40~~ 35 wherein the GLP-1 molecule is a GLP-1 derivative.

43. (previously presented) The method of Claim 41 wherein the GLP-1 molecule comprises Valine, Glycine, Threonine, or Methionine at position 8.

44. (currently amended) The method of Claim ~~40~~ 35 wherein the effective dosage of the GLP- I molecule is in the range of about 5 to about 200 μg per day.

45. (previously presented) The method of Claim 44 wherein the dosage is in the range of about 20 to about 100 μg per day.

46. (previously presented) The method of Claim 45 wherein the dosage is about 30 to about 50 μg per day.

47. (currently amended) A method of reducing HbAl c levels in a diabetic patient comprising co-administering:

a) an effective dosage of a ~~GLP-1 peptide agonist~~ GLP-1 molecule; and

b) an effective dosage of pioglitazone or rosiglitazone to a patient in need thereof.